

## **Table of Contents**

**State/Territory Name: SOUTH CAROLINA**

**State Plan Amendment (SPA) #: SC-24-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

November 6, 2024

Robert M. Kerr  
Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

RE: TN 24-0019

Dear Director Kerr,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B 24-0019, which was submitted to CMS on September 25, 2024. This plan amendment updates the rate for Home-Based Private Duty Nursing.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

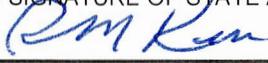
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>9</u>	2. STATE <u>S</u> <u>C</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align:center;">July 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of Social Security Act, 42 CFR Sec. 1902(a)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>486,710</u> b. FFY <u>2025</u> \$ <u>1,950,760</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B, page 2.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B, page 2.1	

9. SUBJECT OF AMENDMENT  
  
This SPA will update rates for Home Based Private Duty Nursing.

10. GOVERNOR'S REVIEW (Check One)

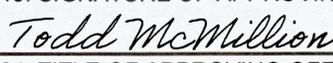
<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approve all State Plans.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED September 25, 2024	

**FOR CMS USE ONLY**

16. DATE RECEIVED September 25, 2024	17. DATE APPROVED November 6, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

Home Based Private Duty Nursing Services:

Effective July 1, 2023, Home Based Private Duty Nursing reimbursement rates will be combined into one rate for RN and LPN. Salaries, fringe benefits, limited direct, and indirect costs are considered in the development of the rates. Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers of home based private duty nursing services. The agency's fee schedule rate was set as of July 1, 2024 and is effective for services provided on or after that date. The hourly rate for Home Based Private Duty nursing services is as follows:

Home Based Private Duty Nursing - \$47.00

Effective May 1, 2009, an additional classification of home-based private nursing services is reimbursable for services provided to children who are ventilator or respirator dependent, intubated or dependent on parenteral feeding or any combination of the above. This service has been developed to recognize the skill level that nurses caring for these children must have over and above normal home-based services. An hourly rate adjustment of \$3.00 is added to the home based rate for services provided to those children who are defined as High Risk/High Tech. Effective for services provided on or after July 1, 2024, the following enhanced rate is reflected below:

Enhanced Home Based Private Duty Nursing - \$50.00

Personal Care Services:

The Personal Care service reimbursement rate (currently \$25.00/hour was initially established based upon projected service costs of providers. The payment rate is calculated for Personal Care services on an hourly basis. This rate does not cover room and board services provided to Medicaid recipients. Annual cost reports are reviewed on an as needed basis to ensure the appropriateness of the payment rates in accordance with allowable cost definitions as outlined in 45 CFR Part 75 and 42 CFR Part 413. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Personal Care services.

SC 24-0019  
EFFECTIVE DATE: 07/01/24  
APPROVAL DATE: November 6, 2024  
SUPERSEDES: SC 23-0010